The Vascular Access Team: Nursing Roles and Responsibilities inside the Gated Community

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Disclosures

• LCDR Mary L. Emanuele, USPHS, RN, CNOR is commissioned as a Lieutenant Commander in the United States Public Health Service. She currently works as a clinical nurse specialist for the Federal Bureau of Prisons at Federal Correctional Complex Butner in North Carolina.

• Commercial Support was not received for this activity.
Learning Objectives

At the conclusion of this activity, the participant will be able to:

1. Discuss the The Vascular Access Team’s nursing roles and responsibilities in providing vascular access for inmates at Federal Correctional Complex Butner.

2. Explain an overview of inmate services while incarcerated from diagnosis to end of treatment at the Federal Bureau of Prisons.

3. Identify 3 reasons the Vascular Access Team with the gated community is a valuable asset to both the incarcerated patient and the public.
Mission of the BOP

It is the mission of the Federal Bureau of Prisons to protect society by confining offenders in the controlled environments of prisons and community-based facilities that are safe, humane, cost-effective; and appropriately secure, and that provide work and other self-improvement opportunities to assist offenders in becoming law abiding citizens.

www.bop.gov
BOP Statistics

Total Federal Inmates: 213,032
- Federal inmates in BOP custody: 171,298
- Private managed facilities house: 27,625
- Other types of Facilities: 14,109

BOP Staff members includes a: Less than 38,000 nationwide (Female 27%, Male 73%)

Butner Federal Correctional Complex
Inmate Population Report

Federal Correctional Complex (FCC) Butner consists of 5 Federal Correctional Institutions (FCI) and is located in Butner, North Carolina. FCC Butner serves an all male population.

Total inmate population report per security level:
Low FCI: 1353
Medium I FCI: 704
Camp: 325
Medium II FCI: 1580
Federal Medical Center (FMC): 928

www.bop.gov (updated June 2015)
Accreditation

• Federal Correctional Complex (FCC) Butner is accredited by:
  
  ❖ American Correctional Association (ACA)
  ❖ Joint Commission of Association of Hospital Organization (JCAHO)
Butner Federal Correctional Complex Staff Report

- Approximately 1,350 government and Public Health Service Positions that supervise 4850 inmates.

- Approximately 200 nurses staff Federal Correctional Complex (FCC) Butner.
Vascular Access Nursing Role Key Components

• Professionalism
  – Ongoing continuing education and going above and beyond to ensure complete patient care.

• Environment of communication
  – Active Listening
  – Communication oral and written

• Respecting the person
  – As a human being, not passing judgment on previous decisions.

• Compassion
Goal Centered

• Provide patient education and care for the inmate-patient with medical diagnosis.
• Treatment goals for diagnosis are patient care specific and dependent on stage (if applicable)
• Treatment focus ranges from curative to prophylactic and dependent on progression or regression and inmate patient input.
• Inmate medical care and chemotherapeutic treatments provided at the Bureau of Prisons are of equal caliber and meet or exceed national guidelines.
Most Common Reasons Inmate-Patients receive PICC Lines

- Chemotherapy Treatments
- Antibiotic Therapy
Inmate-Patient Challenges

- **Understanding**
  - Patient education and reinforcement of learning. Print and verbal.
  - Education level
  - Language barriers
  - Ability to focus on conversation regarding their health

- **Anxiety of outcomes**

- **Fear of the unknown**

- **Vascular Access Issues – IV, PICC line, Ports**
  - Overuse of peripheral veins – due to previous outside hospitalizations.
  - Previous procedures limiting access for optimal access points.
Vascular Access Types

Types of Vascular Access available:

• Peripheral Intravenous (IV)
  - Most frequent type of vascular access at FCC Butner.

• Peripherally inserted central catheter (PICC line)
  - Minor procedure, central venous catheter inserted through a vein in the arm with the catheter tip rest in the super vena cava (SVC) in the heart.
  - The catheter may have 1-3 lumens and is held in place by an adhesive dressing.
  - Dressing covers insertion site where catheter enter arm.
  - Requires flushing every 12 hours with saline or heparin to keep the line patent and prevent thrombosis.

• Implantable Ports (Not placed by PICC Team)
  - Requires minor surgical procedure and usually placed here in our operating room; also patients sometime are transferred here with a port in place from an outside hospital.
  - Catheter tunneled completely under the skin with a small reservoir to access.
  - Advantages are to Infuse medications and less impact on day to day activities.
Vascular Access Team

- FCC Butner resources for our Vascular Access Team consists primarily of our staff nurses from 3 areas: Oncology and Operating Room staff and PICC line Team members (primarily comprised of oncology nursing staff).
- The Oncology and Operating Room Department staff are frequently called upon to assist with inmate-patients that are “difficult sticks” due to the fact that these nurses IV access skills are impeccable because of the daily nature of their jobs to the nature of Intravenous chemotherapeutic treatments and infusions.
Peripherally Inserted Central Catheter (PICC) Team

- Compromised of approximately:
  - 10 nurses
  - 1 Physician’s Assistant (PA)
  - 2 Physician’s

- FCC Butner requires 2 PICC nurses and 1 PA or MD to be present during PICC line placements.
- FCC Butner offers a PICC line training course annually and 8 nurses are working towards meeting the official requirements.
Ambulatory vs. Non-ambulatory Inmate-Patients

When the inmate-patients are ambulatory they usually will report to oncology where the oncology nurses obtain access with or without ultrasound guidance.

For non-ambulatory patients, the oncology nurse will go to the inmate patients room to attempt vascular access or to trouble shot the issue.
PICC Team Training Requirements

✓ Successfully place 3 PICC Lines with confirmation by a radiologist report.

✓ Must successfully complete a National certified PICC Line training course. FCC Butner provides annual PICC Line Placement Course training.

✓ Hold an current license/board certification: RN, PA or MD.
Responsibilities of the PICC Line Team Nurse

FCC Butner oncology nurses care for patients with cancer diagnosis within the walls of the prison or institution. PICC Line Team Nurses at FCC Butner continually use the nursing process to care for inmate-patients.

Nursing Process is also known as: assessment, planning, implementation, and evaluation (A.P.I.E.):

- **Assessment:**
  - Assess verbal & non-verbal communication of inmate including patient reports of side effects or pain.
  - Updates oncology physician of new onset signs or symptoms, review medical notes and recent lab reports. Assessing for changes in medical condition. Note patient access for treatment.
  - Baseline vital signs are obtained prior to treatment.

- **Planning:**
  - Review medical notes and ensure laboratory parameters are within normal limits to proceed with plan of care for inmate patient. If necessary, consult with oncologist to obtain order to proceed, hold, or reschedule treatment.

- **Implementation:**
  - Proceed and carry out plan of care for day, if indicated.
  - If treatment held, contact primary providers to arrange follow up visits or new orders.

- **Evaluation/Follow up:**
  - Assess inmate patient during active treatment of chemotherapy infusions and post infusion vital signs
PICC Line Team
Nursing Roles and Responsibilities

Once the inmate-patient is determined to be a candidate for PICC line use:

- The inmate patient’s medical provider will “order a PICC line” in the hospital medical electronic record.

- The medical provider will notify the a nurse member of the PICC line team.

- PICC Line Team Review medical record and recent laboratory values.

- Many times the patient is called down to clinic on same day or visited in room
  (Dependent on patient’s condition and location if at outer complex).
Obtain written procedure consent for inmate-patient; as they have the right to refuse any treatment or procedure recommended.

Coordinate time and location of procedure with inmate-patient, additional PICC nurse, and a PA or MD and notify radiology of estimated completion time.

Complete PICC line procedure and transport inmate-patient to radiology and await confirmation of placement by Radiologist Report. Transport inmate-patient back to housing unit and complete charting in medical record.

If placement adjustments are required: notify all involved personnel and trouble-shoot to adjust placement. Obtain radiologic confirmation of successful placement. Chart in electronic record and give verbal report to unit nurse.
Unique Relationships to Ensure the Delivery of High Quality Medical Care

• The majority of patient inmates with a medical diagnosis that requires advanced daily monitoring or assistance with activities of daily living - live on a designated floor within the FMC with access to receive prescription medications & other health services.

• The remaining patient-inmates with chronic medical conditions live in the outer institutions and may be in a current or remission status. These inmate-patients of various custody levels are transported via bus from the outer institutions by FCC Butner custody officers to the FMC for scheduled treatments and clinic visits.

• Custody levels of Inmate-Patients may require a ratio of 1 to 2 additional correctional staff in the room.
Vascular Access Benefits

Providing vascular access services inside the gated community (prison) benefits:

- Inmate-patient’s receive timely professional care by staff members who are familiar with their health history and living situation. Inmate-patients express overall satisfaction and appreciation for VAT services.

- Inmate-patients do not have to exit the gated community fences to receive quality medical care and attention.

- The public at large is safer due to the inmate-patient not requiring a visit to the local hospital or clinic for vascular access.

- The overall cost-containment and time-savings associated in-house BOP staff providing medical care versus sending the inmate-patient out to the local hospital for the same service.